



# Fastrack for Primary Samples

PCR Detection of M.tuberculosis complex and Mutations for Rifampicin Resistance

National Mycobacterium Reference  
Service-South (NMRS-South)  
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www.gov.uk/phe

PHE Colindale DX  
6530016  
COLINDALE NW

Please write clearly in dark ink

## SENDER'S INFORMATION

Sender's name and address

Report to be sent FAO

**Contact Phone**

Ext

Purchase order number

Postcode

## PATIENT/SOURCE INFORMATION

NHS number

Sex

male

female

Surname

Date of birth

Age

Forename

Patient's postcode

Patient's HPT

Hospital number

Clinical / Patient's consultant

## SAMPLE INFORMATION

Your reference#

SAMPLE TYPE

State specimen type (untreated if possible)

Date of collection D D M M Y Y Time

Date sent to PHE D D M M Y Y

**Do you suspect from clinical or lab information that patient is infected with Hazard Group 3 or 4 pathogen (in addition to the requested investigation)?**

If yes, give all relevant details.

**Note:** If infection with a Hazard Group 4 pathogen is suspected, from clinical information or travel history, **you must** contact the Reference Lab **before** sending.

**Note:** For CSFs a minimum of 0.5 ml Whole CSF (ie not Supernatant) is needed, a minimum of 1ml is required for all other fluids For Wax Blocks an annotated diagram or slide is required indicating the area where AFB were seen or where testing should be performed from.

## TESTS REQUESTED

This form can only be used for the submission of samples for the Fastrack Service. This is a chargeable service, please contact the Laboratory for the current price list.

Fastrack is a service to detect the presence of Mycobacterium tuberculosis complex, in primary specimens, by molecular amplification techniques.

**NB. Smear negative and extra pulmonary samples should be discussed with our laboratory clinical staff.**

## SENDER'S LABORATORY RESULTS

Smear results  Positive  Negative  
 Not done  Unknown

If CSF	White cells	Lymphocytes	Red Cells
	Neutrophils	Glucose	Protein
	Blood Glucose		

Any other results

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

TB diagnosed previously?  Yes  No  Unknown

Immunosuppressed?  Yes  No  Don't know

HIV positive?  Yes  No  Unknown

Weight loss?  Yes  No  Don't know

Brief case history including treatment:

Fever?  Yes  No  Don't know

Abnormal CXR?  Yes  No  Don't know

Reason for Test  Suspected MDRTB  Poor clinical progress  
 Detection of Mtb complex

Other clinical details

Is the patient on treatment now?  Yes  No

## OTHER COMMENTS

Please provide any other relevant information

## REFERRED BY

Name  
Phone

Signature

Date

D D M M Y Y